

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90078 008 ****61.25

DOCUMENT # N97000005869

1. Entity Name
LIFE CARE PASTORAL SERVICES, INC.



Principal Place of Business
**1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082**

94028943



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3480191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, RAYMOND M
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH, FL 32082**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	COOPER, JAMES H	
STREET ADDRESS	1000 VICAR'S LANDING WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RAYMOND M	
STREET ADDRESS	1000 VICAR'S LANDING WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORAB, ROBERT	
STREET ADDRESS	555 LAKE ROAD	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RIEGEL, ROBERT	
STREET ADDRESS	7047 CYPRESS BRIDGE DR. S.	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILTON, FULTON	
STREET ADDRESS	4114 WINDSOR PARK DRIVE EAST	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nix, Guy N.	
STREET ADDRESS	131 Nandina Circle	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, W. Dallas	
STREET ADDRESS	6247 Riviera Manor Dr.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vorsanger, Bruce	
STREET ADDRESS	1212 Salt Creek Point Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulton, Milton	
STREET ADDRESS	4114 Windsor Park Dr. East	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 March 2004

904-273-1701

Date

Daytime Phone #

Raymond M. Johnson